


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45862** (2)

1. Corporation Name

PLANNED PARENTHOOD OF GREATER ORLANDO, INC.



Principal Place of Business	Mailing Address
1350 W. COLONIAL DR ORLANDO FL 32804 US	1350 W. COLONIAL DR ORLANDO FL 32804 US

3. Date Incorporated or Qualified	10/31/1991
4. FEI Number	59-3092996
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
ARMSTRONG, SUE PETERSON 1166 CARMEL CIRCLE #220 CASSELBERRY FL 32707	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

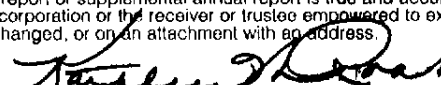
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P KOVALESKI, CHARLES J.
NAME	4120 GABRIELLA LANE
STREET ADDRESS	WINTER PARK FL
CITY-ST-ZIP	
TITLE	VP LOWNDES, RITA
NAME	1308 GREEN COVE RD
STREET ADDRESS	WINTER PARK FL
CITY-ST-ZIP	
TITLE	D ROAT, KATHLEEN
NAME	579 RIDGEWOOD DR
STREET ADDRESS	WINDERMERE FL
CITY-ST-ZIP	
TITLE	D FLOOD, FLORA
NAME	659 LITTLE WEKIVA RD
STREET ADDRESS	ALTAMONTE SPRINGS FL
CITY-ST-ZIP	
TITLE	D COLMAN, THOMAS W.
NAME	1251 WOODMERE DRIVE
STREET ADDRESS	WINTER PARK FL
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D Kovaleski, Charles J.
1.2 NAME	4120 Gabriella Lane
1.3 STREET ADDRESS	Winter Park, FL 32792
1.4 CITY-ST-ZIP	
2.1 TITLE	P Lowndes, Rita
2.2 NAME	1308 Green Cove Rd
2.3 STREET ADDRESS	Winter Park, FL 32789
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VP Flood, Flora
4.2 NAME	659 Little Wekiva Rd
4.3 STREET ADDRESS	Altamonte Springs, FL 32714
4.4 CITY-ST-ZIP	
5.1 TITLE	S-Rudner, Nancy
5.2 NAME	2300 Huron Trail
5.3 STREET ADDRESS	Matitland, FL 32751
5.4 CITY-ST-ZIP	
6.1 TITLE	T Spriggs, Jeri
6.2 NAME	611 Wymore Rd
6.3 STREET ADDRESS	Winter Park, FL 32789
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Kathleen Roat

5/15/98

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